DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: ELLENS HOME (0008814)

Address: 1521 W SECOND AVE, PORT WASHINGTON, WI 53022

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0093376 End Date: 09/16/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007025

y :	#1000/025			
			<u>Compliance</u>	
	Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
	50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
	83.19(3)(c)	INVESTIGATE ALLEGATION		
	83.21(4)(t)	INCOMPETENCY		
	83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN		
	83.33(3)(b)2.g	INTERNAL AND EXTERNAL STORED SEPARATELY		
	83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY		
	83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS		
	83.33(3)(j)1	DESTRUCTION OF MEDICATIONS		
	83.41(10)(b)	MECHANICALS IN GOOD REPAIR		
	83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS		
	83.42(3)(e)	QUARTERLY FIRE DRILLS		
	83.53(2)(a)	DOORS EXCEPT PATIO DOORS		

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Enforcement History

Date: 09/24/2004

SOD #10007025

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Complaint History

Date Complaint Received: 08/25/2004	Date Investigation Completed: 09/21/2004		
Subject Area(s)	Result	<u>SOD #</u>	
RESIDENT RIGHTS	NOT SUBSTANTIATED		
ABUSE	SUBSTANTIATED	10007025	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED		
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED		
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED		
MEDICATIONS	SUBSTANTIATED	10007025	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED		
STAFF ADEQUACY	NOT SUBSTANTIATED		

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